



City of Rockville
Dept. of Neighborhood and Community Services
Community Enhancement/Code Enforcement Division
111 Maryland Ave. • Rockville, MD 20850-2364 • 301-545-5650

Application Date: _____
Application No.: _____

Application for Inn/Hotel License

All information requested must be furnished (please type or print clearly, incomplete or illegible applications will be returned)

	NAME OF INN/HOTEL		
PLEASE PRINT CLEARLY OR TYPE			
	NUMBER, STREET, CITY, STATE, & ZIP		
PROPERTY OWNER	NAME	MAILING ADDRESS — IF DIFFERENT FROM ABOVE	TELEPHONE NUMBER
	LAST		WORK
	FIRST		HOME
MANAGING AGENT (IF APPLICABLE)	LAST		WORK
	FIRST		HOME
RESIDENT MANAGER	LAST		WORK
	FIRST		HOME

Number of Units: _____ @ **\$6.50 per unit.** Total Fee \$ _____

I have carefully examined and read the above application and know the same is true and correct and that in renting these dwelling units, all provisions of the City of Rockville laws and ordinances will be complied with whether herein specified or not.

Signature of Applicant _____ Title _____

Date _____ Daytime Phone Number _____

Application Fee is a non-refundable \$6.50 per unit.